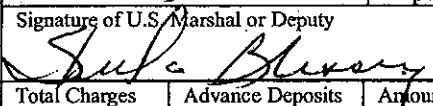



U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF United States of America		COURT CASE NUMBER C.A. No. 05-95E	
DEFENDANT BRENDA L. HAND a/k/a BRENDA L. BRYNDEL		TYPE OF PROCESS Writ of Execution/Notice of Sale	
SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN BRENDA L. HAND a/k/a BRENDA L. BRYNDEL			
ADDRESS (Street or RFD, Apartment No., City State and ZIP Code) 700 DAYTON PIKE, DAYTON, <u>KENTUCKY</u> 41074-1623			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Gary W. Darr, Esquire McGrath & Associates, PC Three Gateway Center 401 Liberty Avenue, 13 th Floor Pittsburgh, PA 15222		Number of process to be Served with this Form 285	
		Number of parties to be served in this case	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (<u>Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service</u>): Serve the above individual by certified mail, return receipt requested. If mail is returned "unclaimed", serve personally. Must serve before October 31, 2005, which is 30 days before the date of the sale. When filing your return on this 285 form, please attach extra set of copies of mailed documents which we provided herewith.			
Signature of Attorney or other Originator requesting service on behalf of 		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	TELEPHONE NUMBER (412) 281-4333
		DATE September 29, 2005	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve
Signature of Authorized USMS Deputy or Clerk			
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only if different than shown above)		Date 10/24/05	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy 			
Service Fee 	Total Mileage Charges Including endeavors	Forwarding Fee	Total Charges 82
		Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
REMARKS: 106-05 9842 8019 7715			

PRIOR EDITIONS
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGEMENT OF RECEIPT

EXHIBIT

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